

Dear Editor,

Please find enclosed the revised manuscript.

**Title:** Role of lumbar puncture in clinical outcome of suspected acute bacterial meningitis

**Article No:** 85884

**Authors:**

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**Name of Journal:** World Journal of Neurology

**Manuscript Type:** ORIGINAL ARTICLE/RETROSPECTIVE STUDY

Thank you very much for your kind e-mail, which gave us the possibility to revise and further improve our manuscript. We amended the paper according to the reviewers' comments. We hope this revision will make our manuscript better to be accepted in your esteemed journal. Each comment has been answered accordingly in the manuscript.

We hope that the revised version will fulfill the requirements for publication in the World Journal of Neurology.

Yours sincerely,

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## RESPONSE TO REVIEWERS

REVIEWER 1:

This article is interesting and valuable for physicians.

Major revisions

1. The meaning of 'body habitus' is not clear.

RESPONSE: The 'body habitus' criteria has been defined; all the patients who had lumbar puncture deferred had a BMI more than 35 kg/m<sup>2</sup>. (Lines 250-251)

2. The reason why LP could not be performed should be clearly explained.

RESPONSE: The information has been added as requested. (Lines 245-250)

3. The comparison in the clinical characteristics between LP and non-LP patients is needed.

RESPONSE: The requested information has been provided in Table 1.

Minor revision

4. Abbreviations such as IDSA and EMR should be avoided in the summary section.

RESPONSE: The abbreviations have been expanded as suggested.

REVIEWER 2:

1. The title needs to be abridged as it looks more like a running title.

RESPONSE: The title has been modified as suggested. (Line 6)

2. The abstract is adequate and gives a good overview of the subject. Were there any changes in practice during the long study period, and if there were any changes in outcomes accordingly?

RESPONSE: Unfortunately, we were not able to assess any change in practice during the long study period, because of it being a retrospective study. We only took the whole cumulative data over the study period and analyzed the trends. Hence, we were also not able to identify any changes in outcomes. However, we plan to conduct a prospective study in our institution to answer the two questions, and document a change in outcome.

3. Being a medical emergency, attending physicians should be more emphatic to request LP and u/s guided sampling as soon as a case is suspected. There is no mention on what where the possible causes of the infections (community acquired, post traumatic/surgical, due to spontaneous leaks)?

RESPONSE: The possible causes of infection were identified and have been reported. (Lines 243-244; 276-283)

4. Why was antibiotic use longer in the non-LP group?

RESPONSE: The duration of antibiotic use was shorted in the non-LP group (Lines 254-256), but the difference was not statistically significant.